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| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. §1.53(b))</small> | Attorney Docket No. | PC10370AADO |
| | First Named Inventor or Application Identifier | Ghazwan Saleem Butrous, et al |
| | Title | TREATMENT OF PULMONARY HYPERTENSION |
| | Express Mail Label No. | EL709318529US |

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| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 |
| 1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification [Total Pages 20] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference in Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 11.3) [Total sheets 3] 4. <input checked="" type="checkbox"/> Oath or Declaration [Total pages 3] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy/unsigned) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | 6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies |
| ACCOMPANYING APPLICATION PARTS | |
| 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 14. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired <small>(PTO/SB/09-12)</small> 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 14. <input type="checkbox"/> Other: Priority Claim | |
| *NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). | |
| 17. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: ____ / ____ Prior application information: Examiner _____ Group/Art Unit: _____ | |

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|--|--|-----------|-----------------------------------|------------|------------------|
| 18. CORRESPONDENCE ADDRESS | | | | | |
| <input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or <input checked="" type="checkbox"/> Correspondence address below | | | | | |
| Name | Gregg C. Benson | | | | |
| Address | Pfizer Inc. | | | | |
| Address | Patent Department, MS 4159, Eastern Point Road | | | | |
| City | Groton | State | CT | Zip Code | 06340 |
| Country | United States Of America | Telephone | 1-(860)-441-4901 | Fax | 1-(860)-441-5221 |
| NAME (Print/type) | A. Dean Olson | | Registration No. (Attorney/Agent) | 31,185 | |
| Signature | | | Date | 10/10/2000 | |

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
These are the fees effective October 1, 2000.

Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

Total Amount of Payment (\$710.00)

Complete if Known

| | |
|----------------------|-------------------------------|
| Application Number | To Be Assigned |
| Filing Date | filed herewith |
| First Named Inventor | Ghazwan Saleem Butrous, et al |
| Examiner Name | To Be Assigned |
| Group/Art Unit | To Be Assigned |
| Attorney Docket No. | PC10370AADO |

METHOD OF PAYMENT (check one)

1. ☒ The commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-1445

Deposit Account Name Pfizer Inc

- ☒ Charge Any Additional 37 Fee Required Under C.F.R. §§ 1.1.6 and 1.17. ☐ Charge the Issue Fee Set in 37 C.F.R. § 1.1.8 at the Mailing of the Notice of Allowance.

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid |
|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|----------|
| 101 | 710 | 201 | 355 | Utility filing fee | 710.00 |
| 106 | 320 | 206 | 160 | Design filing fee | |
| 107 | 490 | 207 | 245 | Plant filing fee | |
| 108 | 710 | 208 | 355 | Reissue filing fee | |
| 114 | 150 | 214 | 75 | Provisional filing fee | |

SUBTOTAL (1) (\$) 710.00

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|----------------------|--------------|----------------|----------|
| 10 | -20**= 0 | X | = -0- |
| Independent Claims 1 | - 3**= 0 | X | = -0- |
| Multiple Dependent | | | = -0- |

** or number previously paid, if greater; For Reissues, see below

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description |
|-----------------------|-----------------------|-----------------------|-----------------------|---|
| 103 | 18 | 203 | 9 | Claims in excess of 20 |
| 102 | 80 | 202 | 40 | Independent claims in excess of 3 |
| 104 | 270 | 204 | 135 | Multiple dependent claim, if not paid |
| 109 | 80 | 209 | 40 | **Reissue independent claims over original patent |
| 110 | 18 | 210 | 9 | **Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$) -0-

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid |
|-----------------------|-----------------------|-----------------------|-----------------------|--|----------|
| 105 | 130 | 205 | 65 | Surcharge - late fee or oath | |
| 127 | 50 | 227 | 25 | Surcharge-late provisional filing fee or cover sheet | |
| 139 | 130 | 139 | 130 | Non-English specification | |
| 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | |
| 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | |
| 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | |
| 115 | 110 | 215 | 55 | Extension for reply within first month | |
| 116 | 390 | 216 | 195 | Extension for reply within second month | |
| 117 | 890 | 217 | 445 | Extension for reply within third month | |
| 118 | 1,390 | 218 | 695 | Extension for reply within fourth month | |
| 128 | 1,890 | 228 | 945 | Extension for reply within fifth month | |
| 119 | 310 | 219 | 155 | Notice of Appeal | |
| 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | |
| 121 | 270 | 221 | 135 | Request for oral hearing | |
| 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | |
| 140 | 110 | 240 | 55 | Petition to revive - unavoidable | |
| 141 | 1,240 | 241 | 620 | Petition to revive - unintentional | |
| 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) | |
| 143 | 440 | 243 | 220 | Design issue fee | |
| 144 | 600 | 244 | 300 | Plant issue fee | |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | |
| 123 | 50 | 123 | 50 | Petitions related to provisional applications | |
| 126 | 240 | 126 | 240 | Submission of Information Disclosure Statement | |
| 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | |
| 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| Other Fee (specify) | | | | | |
| Other Fee (specify) | | | | | |

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) -0-

SUBMITTED BY

Type or Printed Name A. Dean Olson

Signature

Date 10/11/2000

Complete (if Applicable)

Reg. Number 31,185

Deposit Account User ID 16-1445

10/20/00
10931 U.S. PTO
09/69807

EXPRESS MAIL NO. EL 709318529245